# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.  3 CANDIDATE/ OFFICEHOLDER NAME  1.AST  MCCO4  ADDRESS /POBOX: AFT / SUITE #; GITY: OFFICEHOLDER ADDRESS  CANDIDATE/ OFFICEHOLDER ADDRESS  NOW, AND			
ONTICENDUDATE NAME  ACANDIDATE OFFICEHOLDER NALING ADDRESS PROBESS / PROBENZ APT / SMITE #; GITY; STATE; ZIP CODE SON Chijalman (College) # ADDRESS Change of Address CAMPDIDATE OFFICEHOLDER PHONE  AREA CODE PROSE PROSE NUMBER EXTENSION Date Numberord of Date Presentage  APPROPRIATE APPROPRIATE NAME  ASTAMBA NOT INFORMAN FIRST NAME  ASTAMBA NOT PRIST AND AREA CODE PHONE  ASTAMBA NOT PRIST AND AREA CODE PHONE NUMBER  EXTENSION  Date Presented Date Processed  Date Processed  Date Processed  Date Imaged  APPROPRIATE  Date Processed  Date Imaged  Date Imaged  Date Imaged  Date Imaged  Date Imaged  Date Imaged  TO CAMPAIGN THE ASSURER PHONE  ASTAMBA CODE PHONE NUMBER  EXTENSION  FIRST  SUPPX  DATE OFFICE  ASTAMBA CODE PHONE NUMBER  EXTENSION  First State #; CITY; STATE; ZIP CODE  EXTENSION  THEASURER PHONE  ASTAMBA CODE PHONE NUMBER  EXTENSION  First State #; CITY; STATE; ZIP CODE  THEASURER PHONE  ASTAMBA CODE PHONE NUMBER  EXTENSION  THEASURER PHONE  ASTAMBA CODE PHONE NUMBER  EXTENSION  THEASURER PHONE  THEASURER PHONE  ASTAMBA CODE PHONE NUMBER  EXTENSION  THEASURER PHONE  THEASURER THEASURER PHONE THEASURER PHONE THEASURER PHONE THEASURER PHONE	The C/OH Instruction		2 Total pages filed:
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OFFICE HOLDER MAILING ADDRESS  Charlocated According and process  Charlocated Corrocated Area code From Number  From Number  South Street address  From Number  F	NAME	NICKNAME LAST SUFFIX	Date Received
OFFICE HOLDER MAILING ADDRESS  Charlocated According and process  Charlocated Corrocated Area code From Number  From Number  South Street address  From Number  F		MCCoy	•
AREA CODE FHONE NUMBER EXTENSION  TREASURER NAME  7 CAMPAIGN TREASURER ADDRESS (Residence of Business)  8 CAMPAIGN TREASURER ADDRESS (Residence of Business)  8 CAMPAIGN TREASURER ADDRESS (Residence of Business)  8 CAMPAIGN TREASURER ADDRESS (Residence of Business)  9 REPORT TYPE  January 15  J	OFFICEHOLDER MAILING	500 ChisoLMCT, Colleguine	
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SCAMPAIGN TREASURER NAME  LAST  SUFFIX  Date Processed Date Imaged  Da	OFFICEHOLDER	ANER CODE	W
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  July 15  8th day before election  Day Year  OTHERD  Month Day Year  OTHERD  THROUGH  THROUGH  THELECTION  ELECTION DATE  Month Day Year  OTHERD  General  Special  13 OFFICE SOUGHT (If wirewn)  GCCISD BOALD OFFICE  IT APE CODE  TRUSTRES PACEA  OTHER STATE: ZIP CODE  EXTENSION  EXTENSION  FINITE: ZIP CODE  TSTATE: ZIP		MI STATE OF THE ST	
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ADDRESS (Residence or Business)  8 CAMPAIGN THEABURER PHONE  AREA CODE PHONE NUMBER  PHONE  AREA CODE PHONE NUMBER  EXTENSION  15th day after campalgn treasurer appointment (Officeholder Only)  July 15  ath day before election Exceuded \$50D limit Final Report (Attach C/OH - FR)  10 PERIOD COVERED  Nooth Day Year  O 2 / (3 / / 5 THROUGH  THROUGH  THROUGH  THROUGH  LECTION TYPE Month Day Year  Primary Pri		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE  9 REPORTTYPE  January 15  July 15  Sth day before election  Exceuded \$500 limit  Final Report (Attach C/OH - FR)  10 PERIOD COVERED  Month Day Year  OZ/(S//F)  THROUGH  THRO	ADDRESS	CAMK	
PHONE  9 REPORT TYPE  January 15  January 15  Sth day before election  Runoff  Tish day after campalign treasurer appointment (Officeholder Only)  July 15  Sth day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)  10 PERIOD  COVERED  Month  Day  Year  O'L'S' / F  THROUGH  THROUGH  THROUGH  THROUGH  Special  Special  12 OFFICE  OFFICE  OFFICE HELD (if any)  GC / S D BOA / 2 D S A I ROUGH  TRUSTRES PACEA	(Residence or Business)		
January 15  January 15  January 15  January 15  July 15  Sth day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)  Month  Day Year  Month  Day Year  THROUGH  Month  Day Year  Primary  Funoff  Jescription  Special  Special  IRUSTRES PACEA  THROUGH  IRUSTRES PACEA  THROUGH  IRUSTRES PACEA  TROUGH  JUNE STREES PACEA  THROUGH  JUNE STREES PACEA  TROUGH  LECTION TYPE  Primary  Primary  Primary  Table Sought (If known)		A STATE OF THE STA	
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COVERED  O2/(S/19 THROUGH  H ELECTION DATE  Month Day Vear Primary Runoff Other, Description  Special  OFFICE HELD (if any)  I RUSTRES PACEA  THROUGH  4/4/19  ELECTION TYPE  BLECTION TYPE  LECTION TYPE  Address of the primary Special  I RUSTRES PACEA  TRUSTRES PACEA  TRUSTRES PACEA		July 15 Sth day before election Exceeded \$500 limit	
THROUGH  ELECTION DATE  Month Day Year Primary Runoff Other Description  Special Special  OFFICE OFFICE OFFICE FOLLO (If any)  IRUSTRES PLACE H.  THROUGH  ELECTION TYPE  Funoff Other Description  Special Sp	10 PERIOD	World Suy	
Month Day Year Primary Runoff Other, Description  5/4/9 General Special  OFFICE HELD (if any)  GC/SD BOA/2D ST  IRUSTRES PACE4	COVERED	02/(57/15 THROUGH 9/	4/19
Special  OFFICE  OFFICE HELD (If any)  GCISD BOA12D D  IRUSTRES PACE4  TRUSTRES PACE4	11 ELECTION		
GCISD BOARD OF TRUSTRES PLACEY		Description Day	
TRUSTRES PLACEY TO	12 OFFICE	GCISD BOAILD DE	
GO TO PAGE 2		TRUSTRES PACEY T	
		GO TO PAGE 2	•

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH **COVER SHEET PG 2**

4 C/OH NAME			15 Filer ID (Ethics Commission Filers)
6 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR N SUPPORT THE CANI KNOWLEDGE OR CO OF SUCH EXPENDIT	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TOURES.	ITURES MADE BY POLITICAL COMMITTERS TO WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S HIS INFORMATION ONLY IF THEY RECEIVE NOTICE
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
·		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM	1AN \$4/\ 000 -
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNLES	POLITICAL EXPENDITURES OF \$100 OR LESS, IS ITEMIZED	\$4 -600 38
	4. TOTAL	POLITICAL EXPENDITURES	\$ 600.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$371.78		
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF DAY OF THE REPORTING PERIOD	\$ 1000 -
18 AFFIDAVIT		I swear, or affirm, under penalty o true and correct and includes all in under Title 15, Election Code.	f perjury, that the accompanying report is information required to be reported by me
	KIM E. HUTTO COMMISSION EXPIRE April 13, 2019	Signature of C	andidate or Officeholder
AFFIX NOTARY STAI		, by the said mile mcCay	this the 4th
day of and sub-	<u>i</u> , 20 <u>19</u>	, to certify which, witness my hand and seal of office	oe.

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Comm	niss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4	SCHEDULE E. LOANS	\$ ——	1000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	600,58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 	1000-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS \$ RETURNED TO FILER		

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

1					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME	2 FILER NAME  Wichnel McCon  3 Filer ID (Ethics Commission Filers)				
4 Date			7 Amount of contribution (\$)		
3-27,16	Full name of contributor  MICHAE  MCC  6 Contributor address;  City; State	c; Zip Code	\$ 1000-		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor	) (ID#:)	Amount of contribution (\$)		
	Contributor address; City; State	; Zip Code			
Principal occur	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
t titicipal occup	and it is the second of the se				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State	; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	•				
Date		(ID#:)	Amount of contribution (\$)		
	Contributor address; City; State	; Zip Gode			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
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	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### LOANS

## SCHEDULE E

	nstruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
The I	nstruction duide explains now to some		3 Filer ID (Ethics Commission Filers
FILER NAME V	Mike McCo.	1	3 Filer ID (Ettiles obtilination Files
TOTAL OF UN	ITEMIZED LOANS		\$ 1000-
Date of loan		PAC (ID#:)	9 Loan Amount (\$)
3 - 2 7 · 19	Michael MC	Co Zip Code	10 Interest rate
a financial Institution?	505 Chisolm Cr (	Solleyvice To	11 Maturity date
Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)	
	SELF		
Description of Colla		15 Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	17 Name of guarantor	tor	19 Amount Guaranteed (\$)
	dietonale . V. L.		1
	18 Guarantor address; City;	State; Zip Code	
not applicable	18 Guarantor address; City;		
	18 Guarantor address; City;  JOJ  Ion (See Instructions)	State; Zip Code  21 Employer (See Instructions)	
	485		Loan Amount (\$)
	485	21 Employer (See Instructions)	Loan Amount (\$)
Principal Occupat  Date of loan  Is lender	JOS Guarantor address,  JOS Guarantor address,  Jos Guarantor address,	21 Employer (See Instructions)	Loan Amount (\$)
Principal Occupat  Date of loan  is lender a financial Institution?	Ion (See Instructions)  Name of lender  uut-of-state	21 Employer (See Instructions)  t PAC (ID#:)	
Principal Occupat  Date of loan  is lender a financial Institution?  Y N	Ion (See Instructions)  Name of lender  uut-of-state	21 Employer (See Instructions)  t PAC (ID#:)	Interest rate
Principal Occupat  Date of loan  is lender a financial institution?  Y N	Ion (See Instructions)  Name of lender	21 Employer (See Instructions)  PAC (ID#:)  State; Zip Code	Interest rate  Maturity date
Principal Occupation  Is lender a financial Institution?  Y N  Principal occupation  Description of Colland	Ion (See Instructions)  Name of lender	21 Employer (See Instructions)  t  PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal funds were	Interest rate  Maturity date
Principal Occupation  Is lender a financial Institution?  Y N  Principal occupation  Description of College	Ion (See Instructions)  Name of lender	21 Employer (See Instructions)  PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal funds were account (See Instructions)	Maturity date  Maturity date  deposited into political
Principal Occupation  Is lender a financial Institution?  Y N  Principal occupation  Description of Collation  none  GUARANTOR INFORMATION	Ion (See Instructions)  Name of lender	21 Employer (See Instructions)  t  PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal funds were	Maturity date  Maturity date  deposited into political
Principal Occupation  Is lender a financial Institution?  Y N  Principal occupation  Description of Collage Income  GUARANTOR INFORMATION	Ion (See Instructions)  Name of lender	21 Employer (See Instructions)  PAC (ID#:)  State; Zip Code  Employer (See Instructions)  Check if personal funds were account (See Instructions)	Maturity date  Maturity date  deposited into political

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATEGOR	NES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Paymenl	Fees	
1 Total pages Schedule F1:	2 FILER NAME WIChnel WI	3 Filer ID (Ethics Commission Filers)
4 Date 3-26-19 6 Amount (\$) 18	5 Payee name  Signs on the  7 Payee address; City; State; Zip Co	Cheap
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode .
6 Amount (\$) , 5 8	11523 A STONEHOL	100 C/R 312 100 AUSTIN 17 18 13
8	(a) Category (See Categories listed at the top of this schedul	ile) (b) Description  Check if travel outside of Texas, Complete Schedule T.
PURPOSE OF EXPENDITURE	SigNS	Check it Austin, TX, otticeholder living expense
		Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Olice sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Co	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
	1	
Date	Payee name	
Amount (\$)	Payee address; City, State; Zip Co	ode
	Category (See Categories listed at the top of this sched	ule) Description
PURPOSE OF EXPENDITURE		Check if Austin, TX, officeholder living expense
mari milenti estum		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought Office held
		THE COMEDINE AS MEEDED
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Accounting/Banking Travel in District Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Candidate/Officeholder/Polltical Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: Date 000,00 Rembursement from political contributions intended 8 Check if travel outside of Texas, Complete Schedule T. **PURPOSE** OF Licheck if Austin, TX, officeholder living expense EXPENDITURE Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee addrese; Amount (\$) Reimbursement from political contributions Intended (b) Description Category (See Categories listed at the top of this schedule) PURPOSE Check if Iravel outside of Texas. Complete Schedule T. OF \_\_\_ Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date City; State; Zlp Code Payee address; Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF \_ Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 9/8/2015